



CANADIAN PAEDIATRIC SOCIETY

CPS news



September/October 2011

**Pierre Lavoie to
CPS members:
“For me, your
work is priceless.”**



Cyclist and Ironman champion Pierre Lavoie delivered a moving and inspiring keynote speech during the CPS Annual Conference in Quebec City. He spoke about his Grand Défi, which began as a way to raise awareness and research funds for lactic acidosis – a rare disease that took the lives of two of his children. Through the Grand Défi, Mr. Lavoie hopes to inspire children, youth and their families to embrace a healthy lifestyle. This year, more than 900 cyclists rode along with Mr. Lavoie in the Grand Défi, a course spanning 1,000 km across Quebec. During his talk, Mr. Lavoie also saluted the work of paediatricians, particularly the team in Chicoutimi.

Proposed changes to Youth Criminal Justice Act could have negative effects

Changing Canada’s youth crime law to allow stiffer sentences for children as young as 14 years convicted of serious or violent offences will have significant negative consequences, says the Canadian Paediatric Society in a recent statement.

The CPS joins the Canadian Bar Association and the Canadian Council of Child and Youth Advocates in calling on the federal government to revisit proposed changes to the Youth Criminal Justice Act. An Act to Amend the *Youth Criminal Justice Act* was first introduced by the Conservative government in March 2010, but died on the order table when the election was called. It was reintroduced early in the new session of Parliament as the Safe Streets and Communities Act.

“The Youth Criminal Justice Act should not be amended as proposed,” says Dr. April Elliott, member of the CPS Adolescent Health Committee and co-author of the statement. “The proposed changes could create dangerous gaps in services, education, and health care that will have negative health effects for incarcerated adolescents.”

Sensible and effective public policy around youth justice must acknowledge that adolescents are different from adults. The current Youth Criminal Justice Act, which

reflects the UN Convention on the Rights of the Child, supports rehabilitation and reintegration. Proposed changes threaten to put the emphasis on incarceration.

“We need a system that is developmentally appropriate for teens,” says Dr. Elliott.

Among the CPS recommendations:

- The federal government should work with provincial/territorial governments to establish a national youth crime prevention strategy that includes early detection and treatment of mental and behavioural health issues that might otherwise lead to criminal activity.
- Youth convicted of a crime and incarcerated should receive appropriate mental and physical health care, as well as rehabilitation and educational services, consistent with Canada’s commitment to the UN Convention of the Rights of the Child.
- Any future amendments to the Youth Criminal Justice Act must consider the rights of youth and their mental, physical, developmental, and educational needs.

For a copy of the statement visit www.cps.ca and follow the link to Position Statements. 🌱



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President's speech: The CPS needs your voice, Dr. Frappier tells members

Incoming president Dr. Jean-Yves Frappier appealed to members to help the CPS improve the health status of children and youth in Canada during his inaugural speech, delivered in Quebec City.

"We're losing ground, and we risk losing our enviable place as a model country when it comes to the health of children and youth," he said, citing international reports that show Canada falling behind other developed countries on measures of child well-being.

Dr. Frappier, one of the founders of adolescent medicine in Canada and head of adolescent medicine at CHU Sainte-Justine in Montreal, said the CPS needs to keep doing what it does well, including advocacy and education. He cited the upcoming publication of the biennial status report on public policy, *Are We Doing Enough?*, as an opportune time for members to raise issues on the provincial stage.

"We need you: your involvement, your support, your voice, and a bit of your time," he said.

Dr. Frappier said CPS will continue to work on key issues such as surveillance, paediatric human resources planning, and policy development. He said in the coming years, members can expect to see more statements and practice points published in *Paediatrics & Child Health*, and improvements to the website. 🌱

Awarding excellence: The Best Paediatric Trainee Research Competition

Four abstracts by residents and fellows presented at the 88th CPS Annual Conference in Quebec City were recognized in the **Best Paediatric Trainee Research Competition**.

In the Resident category, **Dr. Francis Livernoche** received first place for *Traumatismes par véhicule motorisé chez les enfants du Nunavik*. **Dr. Krish Parameswaran** received second place for *Age-specific predictive findings on urinalysis for positive cultures in children less than 24 months with urinary tract infections*.

In the Fellow category, first prize went to **Dr. Stefanie Wildi-Runge** for *Can recovery from hypothalamic-pituitary-adrenal (HPA) axis suppression following supraphysiological doses of glucocorticoids be predicted?* **Dr. Nehad Nasef** took second prize for *Does peripartum management of chorioamnionitis improve the outcome of preterm infants?*

Practice what you preach

The 7th annual *Practice What You Preach* walk/run attracted more than 200 registrants, and raised \$14,000 for the Healthy Generations Foundation. This year's event took participants through the historic Plains of Abraham and Quebec City's bustling city centre. Thanks to The Personal and P&G Professional for supporting this event.

Neonatal Resuscitation Program updates

Look for instructor updates and details about the launch of the 6th edition of the *Neonatal Resuscitation Program Textbook* on the NRP website: www.cps.ca/nrp/index.htm

Keep children out of boxing ring: CPS and AAP

Boxing is not an appropriate sport for children and teens, say the Canadian Paediatric Society and American Academy of Pediatrics in a joint statement released in August.

“We want children and teens to actively pursue sport and recreation, but boxing is not a good option,” said Dr. Claire LeBlanc, statement co-author and chair of the CPS Healthy Active Living and Sports Medicine Committee. “We recommend young people participate in sports where the prime focus is not deliberate blows to the head.”

Amateur boxers are at serious risk of face and brain injuries, including concussion. Children’s brains are more vulnerable to concussion, and recovery takes longer than for adults. Though amateur boxers wear safety gear, there is no evidence to show that head guards actually reduce the incidence of concussions.

“While most sports have some risk of injury, boxing is especially dangerous because these athletes are rewarded for dedicated and deliberate hits to their opponent’s head,” said Dr. LeBlanc, who wrote the statement with Dr. Laura Purcell.

Boxing Canada and USA Boxing do not keep statistics on the number of participants or injury rates of their members, but a Canadian database shows that among all combat sports, boxing led to the most hospital admissions between 1990 and 2007. Nearly 60 per cent of admissions were for facial fractures and 25 per cent were for closed head injuries, such as concussion.

The CPS and AAP are calling on paediatricians and other health professionals to strongly discourage boxing participation among their patients, and to guide them toward other sports and activities that do not encourage intentional head injuries such as swimming, tennis, basketball and volleyball.

To access the statement online, visit www.cps.ca and follow the link to Position Statements. 📄



Nominating Committee membership

Dr. Denis Leduc remains as Chair of the Nominating Committee. Other members include Drs. Joanne Embree, Ken Henderson, Bob Hilliard, Ted Prince and Paul Thiessen.

Elections update

The CPS Board of Directors is seeking candidates for the position of **CPS Vice President**. CPS voting members residing in **Newfoundland/Labrador, Nova Scotia and Ontario** are also invited to nominate candidates for their **CPS provincial director**, to begin a three-year term in June 2012.

Nomination forms for these elections are included in this mailing. They can also be accessed by visiting the CPS Member Centre at www.cps.ca.

Join a CPS committee

Through its committees, the CPS works to advance child and youth health issues in Canada. Committee members provide the energy, creativity and expertise needed to support advocacy, write position statements, speak to media, and more. Committee participation is a great way to be involved in the CPS while earning credits toward maintenance of certification requirements. Openings are currently available on the following committees:

- Adolescent Health
- Bioethics
- Community Paediatrics
- Drug Therapy and Hazardous Substances
- Fetus and Newborn
- First Nations, Inuit and Métis Health
- Healthy Active Living and Sports Medicine
- Infectious Diseases and Immunization
- Nutrition and Gastroenterology

To apply online, visit www.cps.ca/english/membership/Committees.htm. Contact Alana Vaughan, Committee Coordinator, at 613-526-9397 ext. 263 or alanav@cps.ca with any questions.

General Pediatrics Residency Program Director

The Department of Pediatrics, Stollery Children's Hospital, University of Alberta, is inviting applications for a half-time General Pediatrics Residency Program Director. The Department of Pediatrics has an expanding and innovative program which provides a comprehensive learning environment across the spectrum of general pediatrics as well as 13 pediatric subspecialties. This program is fully accredited by the Royal College of Physicians & Surgeons of Canada. This position is supported by a part-time Associate Program Director as well as the Department of Pediatrics' Executive Committee including the Director of Pediatric Education, and reports to the Department Chair.

Duties for this position include:

- Providing detailed strategic direction and leadership to the Division of General Pediatrics' education mandates and functions, ensuring all policies, programs and initiatives are consistent and supportive of the organization's mission, vision and values, and acting as a role model through strong relationships and visibility, and through effective communication (with annual review)
- Chairing the Pediatric Residency Training Committee, including developing an overall education plan of the program with annual review, developing goals and objectives for the program including each of its rotations, recruitment of new trainees into the program in accordance with Faculty policies and procedures, and ensuring appropriate evaluation procedures, methodologies and follow-up
- Participating fully in all activities of the Postgraduate Medical Education (PGME) Council, which includes the communication and implementation of decisions taken in relation to PGME at the University of Alberta, and bringing forward issues to the PGME Council
- Regularly reviewing and remaining aware of documents from the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) in relation to training requirements, accreditation, credentialing, etc.

The successful candidate will have demonstrated superior skills in education leadership and communication and possess clinical leadership skills and scholarly accomplishments in teaching. Interested applicants must hold an FRCP(C) in Pediatrics inclusive of either general pediatrics or any pediatric subspecialty, and be eligible for licensure in Alberta.

Interested candidates are asked to submit an up-to-date curriculum vitae outlining their current clinical interests and educational leadership experience, as well as a complete teaching dossier. Review of applications will begin May 31, 2011.

The Department of Pediatrics is supported by a very competitive and generous Academic Alternate Relationship Plan (AARP).

Located in Edmonton, Alberta, Canada, the Faculty of Medicine & Dentistry, within the University of Alberta, is one of Canada's premier research intensive and health education institutions, and has been internationally recognized as one of the world's top 50 medical schools and as one of Canada's premier health-education institutions. The University of Alberta is one of the top 100 teaching and research universities in the world serving 37,000 students with more than 14,000 faculty and staff. Founded a century ago, the University has an annual budget in excess of \$1.4 billion and attracts more than \$500 million in external funding. The University of Alberta offers close to 400 undergraduate and graduate programs in 18 faculties. Edmonton, with a growing population of over one million, is the cosmopolitan capital of Alberta. With an abundance of services, beautiful river valley, community activities and attractive living accommodations, this energetic city has something for everyone. For more information, visit www.ualberta.ca and www.edmonton.ca.

Competition No.: A100814289

Closing Date: Will remain open until filled.

Interested applicants may apply online:
<http://www.careers.ualberta.ca/Competition/A100814289>

**Attn: Dr. Susan Gilmour
Chair, Department of Pediatrics
Department of Pediatrics
University of Alberta
Room 9316, Aberhart Centre
11402 University Avenue
Edmonton, AB T6G 2J3**

The University of Alberta and Alberta Health Services hire on the basis of merit. We are committed to the principle of equity in employment. We welcome diversity and encourage applications from all qualified women and men, including persons with disabilities, members of visible minorities, and Aboriginal persons.



CPS curriculum aims to improve care for Aboriginal kids

Paediatricians at each of Canada's residency programs are rolling out the Canadian Paediatric Society's new curriculum on Aboriginal child and youth health. Since being launched this past May, the curriculum has already been scheduled at four universities for the 2011-2012 academic year, with more sessions in the works.

Through this training, paediatric residents will learn about a variety of subjects, including a brief history of Aboriginal peoples in Canada, health benefits, social determinants of health, and resiliency. The program can also be adapted for each centre to include specific information on local communities.

The curriculum introduces residents to key Aboriginal health issues, some of which may be very different than those affecting non-Aboriginal patients. The goal is to better prepare future paediatricians to deliver quality care to First Nations, Métis and Inuit children and youth.

Funded by the National Collaborating Centre for Aboriginal Health, the curriculum was developed by Dr. Kent Saylor of Montreal, in collaboration with members of the CPS First Nations, Inuit and Métis Health Committee and the Many Hands, One Dream coalition. Contact manyhands@cps.ca for more information. 🌱

CPS Aboriginal child health curriculum champions:

- Dr. Yasmeen Akhtar: Memorial University of Newfoundland
- Dr. Anna Banerji: University of Toronto
- Dr. Geneviève Beaulieu: Université de Sherbrooke
- Dr. Garth Bruce: University of Saskatchewan
- Dr. Teresa Bruni: Northern Ontario School of Medicine
- Dr. Adriana Condello: University of Manitoba
- Dr. Catherine Hervouet-Zeiber: Université de Montréal
- Dr. Andrea Hunter: McMaster University
- Dr. Rhada Jetty: University of Ottawa
- Dr. Heather Onyett: Queen's University
- Dr. Ashley Roberts: University of British Columbia
- Dr. Kent Saylor: McGill University
- Dr. Heidi Schroter: University of Calgary
- Dr. Victoria Siu: University of Western Ontario
- Dr. Sam Wong: University of Alberta
- Dr. Michael Young: Dalhousie University
- TBD: Université Laval

New joint statement on SIDS and safe sleep released

Despite a marked decline in the incidence of Sudden Infant Death Syndrome (SIDS) since the 1990s, SIDS remains a major public health concern.

A new *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada*, launched in June, is part of a national health promotion strategy aimed at preventing SIDS and unsafe sleeping practices. The statement was developed in collaboration with Canadian and U.S. experts on safe sleep, the Public Health Agency of Canada, the Canadian Paediatric Society, the Canadian Foundation for the Study of Infant Deaths, and the Canadian Institute of Child Health.

The statement presents the most current evidence-based information on SIDS and expands the scope of the original "back to sleep" statement to include safe sleeping environments. It underscores five key principles of safe sleep:

- Infants placed on their back for every sleep have a reduced risk of SIDS.
- Preventing exposure to tobacco smoke, before and after birth, reduces the risk of SIDS.
- The safest place for an infant to sleep is in a crib, cradle, or bassinet that meets current Canadian regulatory standards.
- Infants who share a room with a parent or caregiver have a lower risk of SIDS.
- Breastfeeding provides a protective effect against SIDS.

Look for the full statement included in this mailing. 🌱

Awards recognize community commitment

The CPS awards Certificates of Merit to members for making exceptional contributions to the health of children and youth in their communities. The following members were recently honoured:

- **Dr. Alphonso Solimano** of Vancouver, for advocacy supporting quality care for babies across B.C.
- **Dr. Thiru Govender** of Calgary, for leadership in child development and advocacy work for underprivileged children.
- **Dr. Alan Rosenberg** of Saskatoon, for commitment to his patients and their families, and for his leadership, research and exemplary skills as a mentor.
- **Dr. Aaron Chiu** of Winnipeg, for exceptional care of neonates and their families, and his commitment to teaching, education and research.
- **Dr. Alan Hudak** of Orillia, Ont., for his dedication to paediatrics and for improving the health of children.
- **Dr. Jean Labbé** of Quebec City, for his dedication to helping mistreated and neglected children and youth.
- **Dr. Stephen Siau** of Saint John, N.B., for dedication to his patients, advocacy on behalf of children with special needs and skills as a teacher and mentor.
- **Dr. Mammen Cheriyan** of Grand Falls-Windsor, Nfld., for commitment to the care of children in rural areas.

Visit www.cps.ca and follow the link to Awards & Grants for information on CPS Certificates of Merit. The nomination deadline is January 16, 2012. 🌱

Multi-Specialty Walk-in Clinic

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The Multi-Specialty Walk-in Clinic, located in Mississauga, Ontario is looking for a Paediatrician to staff its busy out-patient medical clinic. Established in 1988, our clinic was one of the first multi-specialty walk-in clinics in the GTA. Since that time, we have continued to provide care for walk-in patients from 8 a.m. to 11 p.m., seven days a week – including holidays. This position offers a top-end competitive salary, flexible hours and no on-call requirements.

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The Department of Pediatrics—comprised of perinatologists, subspecialty pediatricians, pediatric surgical subspecialists, pediatric anesthesiologists and general pediatricians—has a new opportunity based at the Victoria General Hospital.

Pediatrician

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Please submit your CV, cover letter and names of three references to:

Brenda Warren, Manager Physician Recruitment
Email: physicians@viha.ca
Fax: 250.716.7747





CPS recommends booster shot against varicella


All children should receive a second shot to protect them against varicella, the Canadian Paediatric Society recommends in a statement published in September. The CPS is also calling for public funding of the booster vaccine.

“Without a second dose, we worry that children will lose immunity as they get older and will be at risk of illness as an adult,” said Dr. Marina Salvadori, statement author and member of the CPS Infectious Diseases and Immunization Committee. “Adults who get chickenpox have more serious illness, are more likely to get pneumonia and to be admitted to hospital. They also have a higher death rate from the disease.”

Since 1999, the CPS has recommended that all Canadian children be vaccinated against chickenpox. By 2007, all Canadian provinces and territories had routine immunization programs in place for one dose of vaccine. Since the universal program was introduced, Immunization Monitoring Program ACTive, the CPS paediatric hospital-based national surveillance network, has reported that the number of varicella-related hospitalizations has decreased by up to 84 per cent in some provinces. Despite this very successful program, there is increasing evidence that children who receive only one dose of vaccine are not protected for life.

Children get their first dose of the vaccine between 12 and 18 months, and should receive the booster dose when they are 4 to 6 years old. Teens who have never had chickenpox should get two shots, at least 4 weeks apart. A two-dose schedule should improve varicella immune response and vaccine effectiveness.

“To be effective the program should also include good catch-up programs so that all children who have received a first dose are offered the booster dose,” said Dr. Salvadori.

To access the statement online, visit www.cps.ca and follow the links to Position Statements. A free sample of a new CPS brochure for parents is included with this issue of CPS News. Order additional copies for use in your practice at www.cps.ca. 

“If you help just one patient or pass on one little thing to a local colleague, you’re making a world of difference.” – Katrien, Physician, Malawi

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Fever study aims to get faster treatment for children

Periodic fever syndromes represent a group of rare, inflammatory disorders that often begin in childhood. In most affected children, they present as a seemingly unprovoked fever and severe inflammatory state. Many symptoms resolve with each event, but certain types of fever syndrome can have damaging effects such as renal amyloidosis, hearing loss, and arthritis. In rare cases, these complications can lead to death.

While the disease is rare, effective treatments are often available that can improve symptoms and at times prevent or even reverse organ damage. A study launched in September under the Canadian Paediatric Surveillance Program intends to gather new data and raise awareness in the medical community, so that patients can get on the path to appropriate treatment sooner.

“The pathway to a diagnosis can understandably be very frustrating for parents, as children will often be seen by multiple physicians before a correct diagnosis is made,” said Dr. Paul Dancy, a paediatric rheumatologist and Associate Professor of Pediatrics at Memorial University of Newfoundland. Two key questions for the study are how these disorders present, and how much time typically elapses from symptom onset to diagnosis.

‘Autoinflammatory’ conditions a new category

Dr. Dancy noted that patients displaying some of the symptoms that accompany the fever—such as rashes, arthritis or cardiac issues—may at first be thought to have an autoimmune disorder.

“We know that many autoimmune conditions, such as juvenile arthritis and lupus, can present with fever,” he explained. “But over the last decade we’ve learned of a new category of illness—autoinflammatory—which causes fever and other disease manifestations but without the autoantibodies normally linked to autoimmune diseases.” The periodic fever syndromes are an example of this kind of process. In many cases, a genetic test is available to help confirm a diagnosis.

Many paediatricians will have seen the more common form known as “PFAPA” (*see sidebar for details*), Dr. Dancy added. When children with fever and inflammation are assessed, he said, it is important that physicians rule out causes, such as infections. While a periodic fever syndrome is “certainly not at the top of the differential, it should be on that list, particularly when a recurrent pattern is noted.”

Is it a periodic fever syndrome?

Patients must have one of the following diagnoses:

- Familial mediterranean fever (FMF)
- Tumor necrosis factor receptor associated periodic syndrome (TRAPS)
- Hyperimmunoglobulin D syndrome (HIDS)
- Cryopyrin associated periodic syndromes (CAPS) including familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and neonatal-onset multisystem inflammatory disease (NOMID)
- Periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA)
- Periodic fever syndrome – undefined

For the exclusion criteria and other details, see the study protocol at: www.cps.ca/English/surveillance/cpsp/Studies/current_concluded.htm.

Canadian Paediatric Society 89th Annual Conference

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CPS Abstracts

Deadline: December 3, 2011

Awards for Excellence

The CPS recognizes excellence in paediatric research through its Awards for Excellence presented at its annual conference. Abstracts presented are eligible to win prizes totaling \$4,500. Please refer to the website regarding eligibility.



For more information, visit www.cps.ca